

Insurance Premiums

You and City of Frisco share the cost of your medical and dental benefits. City of Frisco employees are paid bi-weekly and receive 26 paychecks annually; however, benefits are deducted semi-monthly for a total of 24 benefit deductions. The per pay period amounts below will be deducted on a pre-tax basis.

MEDICAL LOW DEDUCTIBLE PLAN (\$1,000)

COVERAGE LEVEL	TOTAL MONTHLY	CITY MONTHLY	YOUR MONTHLY	YOUR PER PAY PERIOD
Employee Only	\$890.00	857.00	\$33.00	\$16.50
Employee + Spouse	\$1,717.00	\$1,371.00	\$346.00	\$173.00
Employee + Children	\$1,451.00	\$1,113.00	\$338.00	\$169.00
Family	\$2,167.00	\$1,541.00	\$626.00	\$313.00

MEDICAL HIGH DEDUCTIBLE PLAN (\$2,000)

COVERAGE LEVEL	TOTAL MONTHLY	CITY MONTHLY	YOUR MONTHLY	YOUR PER PAY PERIOD
Employee Only	\$772.00	\$766.00	\$6.00	\$3.00
Employee + Spouse	\$1,516.00	\$1,371.00	\$145.00	\$72.50
Employee + Children	\$1,281.00	\$1,113.00	\$168.00	\$84.00
Family	\$1,907.00	\$1,541.00	\$366.00	\$183.00

DENTAL PPO PLAN

COVERAGE LEVEL	TOTAL MONTHLY	CITY MONTHLY	YOUR MONTHLY	YOUR PER PAY PERIOD
Employee Only	\$37.00	\$26.00	\$11.00	\$5.50
Employee + Spouse	\$70.00	\$47.00	\$23.00	\$11.50
Employee + Children	\$86.00	\$58.00	\$28.00	\$14.00
Family	\$119.00	\$80.00	\$39.00	\$19.50

DENTAL HMO PLAN

COVERAGE LEVEL	TOTAL MONTHLY	CITY MONTHLY	YOUR MONTHLY	YOUR PER PAY PERIOD
Employee Only	\$12.88	\$8.50	\$4.38	\$2.19
Employee + Spouse	\$21.94	\$15.36	\$6.58	\$3.29
Employee + Children	\$28.96	\$20.28	\$8.68	\$4.34
Family	\$37.00	\$25.90	\$11.10	\$5.55

VISION PLAN

COVERAGE LEVEL	TOTAL MONTHLY	CITY MONTHLY	YOUR MONTHLY	YOUR PER PAY PERIOD
Employee Only	\$6.94	\$0.00	\$6.94	\$3.47
Employee + Spouse	\$11.83	\$0.00	\$11.83	\$5.92
Employee + Children	\$12.51	\$0.00	\$12.51	\$6.26
Family	\$18.76	\$0.00	\$18.76	\$9.38